

**Joint note from Trevor Mann, Chair of the Representative Body, Susie Sanderson, Chair of the Executive Board, Lester Ellman, Chair of GDPC and Janet Clarke, Chair of CCCPHD**

We write to you jointly on the eve of the introduction of the Government's reforms of NHS dentistry in England and Wales. This note is to update you on where we currently stand on a number of important issues and activities.

**Implementation day – signing up and support for members**

At the time of writing, it is unclear exactly how many dentists will sign new contracts by the 31 March deadline. Last week the Prime Minister said he believed the majority of dentists would agree to the new contracts and expected between 90 and 95 per cent of dentists to sign. Early findings from our own survey of LDCs suggest that though dentists will sign, many will do so in dispute. Much of our current advice activity with members is about managing the dispute process and we expect this to continue in the weeks immediately following 1 April. We will adapt our services to meet developing demands and are strengthening the advice team. We will also explore offering counselling for members as part of our support services, if required. For general advice and information, the BDA website is proving a vital touchstone for many members, with the site registering the record number of hits last month. BDA News continues to provide the latest advice on the contract and also includes articles to help those considering moving away from the NHS. Two private practice seminars to be held in July and September will provide further support for those looking at alternatives to the NHS.

**Political messages and position on Government's implementation group**

Over the last three months, media interest and the political debate around the new contract has gained momentum. The BDA's criticism of the Government's reforms, in terms of both content and implementation, has been widely and sympathetically reported. Our message has reflected the motion passed by the Representative Body that the Government's plans for dentistry will fail to achieve its aims of securing patient access, improving oral health and raising the quality of patient care. We have described the contract as fundamentally flawed and said it has been implemented with extraordinary ineptitude. As we have come closer to 1 April, we have stressed that even if significant numbers of dentists sign a contract, how they feel about their future within the NHS is another story which will unfold over the next three years.

Our external messages have been matched with direct pressure on Government. Health Minister Rosie Winterton refused our demand that the contractual requirement to deliver units of dental activity (UDAs) be suspended until the system had been tested. Over the last few days we have written to both the Health Minister and the Prime Minister reiterating our concerns about the new arrangements and asking for an *open* and *genuine* review of the impact of the changes on patients and dentists. Earlier this month, the Health Minister announced an 'implementation group' to monitor the effect of the changes and invited Lester Ellman, Chair of the BDA's General Dental Practice Committee, to join the group. In a letter to the Minister, Lester said that before making a decision, he needed more information about the group's remit and assurances that his membership would not be presented as BDA endorsement of the reforms.

Over the months to come, it will be our responsibility on behalf of members to highlight the difficulties caused by the new arrangements. To support this monitoring and evaluation work, we are setting in place mechanisms to ensure we have as clear a picture as possible about the impact on patient care and the profession. It will be essential to know how practices are coping with the transition. We will also monitor PCT websites to assess availability of NHS dentistry as well as contacting members with atypical years to see if shortfalls have been addressed.

### **Salaried services**

The Government has at last responded to the consultation on its review of salaried primary dental care services in England, and the Department of Health has now issued directions to PCTs for the future provision of services and a commissioning factsheet. The key messages are that salaried services after 1 April will be provided as either salaried PDSs or Primary Care Trust Dental Services (PCTDSs) – in other words, services will no longer be provided as Community Dental Services. All salaried dentists providing primary care will need to be on a performers' list and must apply by 1 May 2006. All salaried services will have to collect patient charges (former Community Dental Services will have until 1 October 2006 to start doing this) and salaried dentists will complete FP17s and send data to the Dental Practice Board/Business Services Authority.

The BDA will start working soon with NHS Employers on a new pay and career structure. We understand that the Department of Health anticipates the overall pay bill for the salaried services in England will rise by 10% as a result of this; this does not mean that all salaried dentists will receive a 10% pay rise in 2007, but gives an idea of the total resources available. The general direction of encouraging career development and giving proper recognition to the salaried services is welcome and we hope it will now be translated into real changes to support dentists working in this area.

The BDA has responded to the recommendations which emerged following the review of salaried services in Scotland. The full report that generated these has yet to be published. The BDA response to the review of salaried services in Wales was submitted in January and the response from the Welsh Assembly Government is awaited. The future of the salaried services in Northern Ireland is tied up with the recent primary dental care strategy to which the BDA has just responded.

### **DDRB announcement**

This morning the Government announced a 3 per cent GDS fee uplift and a 2.4 per cent salary increase for the salaried services. In its evidence to the Doctors' and Dentists' Review Body we had recommended increases of at least 5.8 per cent and seven per cent respectively. In the press release responding to today's announcement, the BDA described the increase as derisory and said it would fail to restore confidence in the future of NHS dentistry.

The uplift will apply to contract values for those in general dental practice in England and Wales, and to the fee scale for those in Scotland and Northern Ireland. The BDA will again be producing the 'ready reckoner' for use within practices. Salary levels for those in salaried services across the UK will also be uprated in accordance with the DDRB recommendation.

### **Scotland and Northern Ireland**

This note focuses on the 1 April implementation in England and Wales but activity prompted by NHS reform is also intense in Scotland and increasingly so in Northern Ireland. In Scotland, the row continues over the measurement of commitment to NHS. The issue has attracted high profile media coverage with a comment piece in last week's Scotsman criticising the Scottish Executive for tying up funding for dentistry in bureaucratic red tape. In Northern Ireland, the BDA response to the primary dental care consultation emphasises the need to adopt an approach that leads to more preventive care and does not fall into the same traps as the reform programme in England and Wales.

### **Membership needs and expectations**

Clearly this is a pivotal period not just for dentistry, but also for the Association. An enormous amount of effort is being given to providing the support and political leadership our membership rightly expects from us. This commitment will continue beyond 1 April as we develop the services, support and policy to meet the needs and expectations of members.

*For GDS information please call the BDA on 020 7535 5831 and for salaried services information please call the BDA on 020 7563 4138.*

30 March 2006